Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

DIVISION OF INCURS. STATE OF ILLINOIS/IDFPR

IAN 0 1 2008

SPRINGFIELD, ILLINOIS

Change in Company's premium or rate level produced by rate revision effective January 1, 2008

(2) (3) (1)Annual Premium Percent Volume (Illinois)* Change (+ or -)** Coverage 1. Automobile Liability Private Passenger 0.00% Commercial 0.00% Automobile Physical Damage 0.00% Private Passenger Commercial 0.00% Liability Other Than Auto 0.00% Burglary and Theft 0.00% 5. Glass 0.00% δ. Fidelity 0.00% 7. Surety 0.00% Boiler and Machinery 8. 0.00% 9. Fire 0.00% Extended Coverage 10. 0.00% 11. Inland Marine 0.00% Homeowners 12. 0.00% Commercial Multi-Peril 13. 0.00% Crop Hail 14. 0.00% 4.00% \$47,638.00 15. Other Workers Compensation

Does filing only apply to certain territory (territories) or certain classes? If so, specify: NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): ADOPTION OF NCCI'S VOLUNTARY ADVISORY RATES.

RATING VALUES AND RETROSPECTIVE RATING PLAN PARAMETERS EFFECTIVE JANUARY 1, 2008.

Life of Insurance

ADVANTAGE WORKERS COMPENSATION INS. CO.

Name of Company

Gwen E. Church - Assistant Vice President

Official--Title

^{*}Adjusted to reflect all prior rate changes.

^{**}Change in Company's premium level which will result from application of new rates.

JAN 0 1 2008

STRINGFIELD, ILLINDISUMMARY SHEE

Change in Company's premium or rate level produced by rate revision effective $\underline{\text{January 1, 2008}}$.

(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	Change (+ or -) **
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail		
14. Crop Hall 15. Other Workers' Compensation Line of Insurance	194,666	+0.05%
Does filing only apply to certain If so, specify: No Brief description of filing. (If organization, specify organization	filing follows rates of a	n advisory
while maintaining our current los	s cost multiplier of 1.30	for all class codes.
* Adjusted to reflect all prior : ** Change in Company's premium letresult from application of new	vel which will	
	BancInsure, In	
	Name of Compan	ny
	Kathryn A. Shilling - Fil	
H29219D	Official - Tit	le

Change in Company's premium revision effective 1-1-08	m or rate level produced b	oy rate
(1)	(2) Annual Premium	(3) Percent
Coverage	<pre>Volume (Illinois) *</pre>	Change (+ or -) **
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail 15. Other Workers Compensation	12,519,974	+1.6%
Line of Insurance	12,023,311	
Does filing only apply to certain If so, specify: Applies to all t	territory (territories)or erritories	certain classes?
Brief description of filing. (If organization, specify organization)	filing follows rates of a	n advisory 's 1-1-08 voluntary
loss costs using our previously ap	pproved multiplier	
		1
* Adjusted to reflect all prior of the company's premium less result from application of new	vel which will	
Dan Tro	otter - Director - Rate	Development & Filings

Official - Title

Change in Company's revision effective	•	or	rate	level	produced	by	rate
(1)				(2)			

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	Change (+ or -) **
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		·
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail	3 060 570	+1.6%
15. Other Workers Compensation Line of Insurance	3,060,579	71.05
If so, specify: Applies to all t Brief description of filing. (If	filing follows rates of a	in advisory
organization, specify organizatio		s 1-1-00 Voluntary
loss costs using our previously a	pproved multiplier	
		Free
* Adjusted to reflect all prior ** Change in Company's premium le result from application of new	vel which will	JAN C = 2008
Bi	tuminous Fire and Marine I	
	Name of Compa	ny WCHE /
	Name of Songa	ny Drance Company hy
Dan_Tro	-	Development & Filings

H29219D

(Change in Company's premium or rate	level produced by rate revision ef	ective Janua	ary 01, 2008
	(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	Cha	(3) Percent nge (+ or -)**
	Coverage	<u>votume (minois)</u>	<u> </u>	
1.	Automobile Liability			
	Private Passenger			
	Commercial		<u> </u>	
2.	Automobile Physical Damage			
	Private Passenger			
•	Commercial		<u> </u>	
3.	Liability Other Than Auto		<u> </u>	
4.	Burglary and Theft		- - 	
5.	Glass			
6.	Fidelity			
7.	Surety			
8.	Boiler and Machinery			
9.	Fire			
10.	Extended Coverage Inland Marine		-	
11.				
12.	Homeowners			
13.	Commercial Multi-Peril			
14.	Crop Hail	2.620.447	+4.0%	
15.	Other Workers Compensation Line of Insurance	3,629,447	+4.0%	
No Brief o	iling only apply to certain territory (ter	rates of an advisory organization,	pecify organization)	:
			<u>NVISION OF ĮNS</u>	URANCE
** C	djusted to reflect all prior rate changes hange in Company's premium level who sult from application of new rates.	nich will	STATE OF ILLINOIS	
			0.	
			SPRINGFIELD, I Capitol Indemnity Co	LLINOIS orporation
			Name of C	Company
			Lois Beld, Senior I Analysis	late
			Official	- Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

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IDFPR (MPC)
DIVISION OF INSURANCE
01-08 SPRINGFIELD

01

(1) (2) (3) **Annual Premium** Percent Coverage Volume (Illinois)* Change (+ or 1)** Automobile Liability Private Passenger Commercial Automobile Physical Damage 2. Private Passenger Commercial Liability Other than Auto 3. **Burglary and Theft** 4. 5. Glass Fidelity 6. 7. Surety 8. **Boiler and Machinery** 9. Fire Extended Coverage 10. Inland Marine 11. 12. Homeowners 13. Commercial Multi Peril Crop Hail 14. 15. Workers Compensation \$4,710,519.00 -2.30% Other 16. Does filing only apply to certain territory (territories) or certain classes? If so, Specify

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

Church Mutual Insurance Company
Name of Company

__ Director——Casualty Lines Official - Title

^{*} Adjusted to reflect all prior rate changes.

^{**} Change in Company's premium level which will result from application of new rates.



Illinois

ILLINOIS SUMMARY SHEET

FORM RF-3

nange ir	n Company's premium or rate level produced by rate revisi	on effective:	3/1/08
	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) *
	· ·		
1.	Automobile Liability		
	Private Passenger		
_	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
_	Commercial		
3.	Liability Other than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7. 8.	Surety Reiller and Marking		
8. 9.	Boiler and Machine DIVISION OF INSURANCE Fire STATE OF ILLINOIS/IDFPR		
10.	Extended Coverage		
11 .	Inland Marine		
12.	Homeowners MAR 0 1 2008		
13.	Commercial Multi-Peril		
14.	Cron Hail		
15	Workers CompensatispRINGFIELD, ILLINOIS	5,039,826	6.4%
16.	Other:		
es fili	ng only apply to certain territory (territories) or certain class	sses? If so, specify.	Not Applicable
<u>W</u>	scription of filing (if filing follows rates of an advisory organized are adopting the 1/1/2008 NCCI IL voluntary rates with a 1/2008.	anization, specify organization). an effective date of	
	-force Written Premium nange in Company's premium level which will result from	application of new rates.	
		Continental Co	sualty Company
			Company
		Amanda Castello	- Actuarial Analyst
			l - Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/2008 (3) (2) (1)**Annual Premium** Percent Change (+ or -)** Volume (Illinois)* Coverage **Automobile Liability Private** Passenger Commercial Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto Burglary and Theft 4. Glass 5. 6. Fidelity 7. Surety 8. **Boiler and Machinery** 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 1.8% 15. Other Workers Compensation 1,091,294 Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: All except Class Code 8116 Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting NCCI loss costs and modifying LCM's *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. Farmland Mutual Insurance Company Name of Company

	DIVIL COME STATE COLUMN
	JAM 0 1 2003
į.	SPRINGFIELD, ILLINOIS

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate le	vel produced by rate revision effective	01/01/08
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private Passenger Commercial Automobile Physical Damage	17,343,472 erritories) or certain classes? If so, specifupplies to classes indicated below:	4.52% ify organization): Adopt the January 1,
1, 2008. We wish to retain our deviation of 0042 5057 5221 5473 6017 6235 76 0050 5059 5222 5474 5539 6018 6236 76 1322 5069 5223 5478 5551 6045 6237 76 3365 5102 5348 5479 5606 6204 6251 76 3719 5146 5402 5480 5610 6206 6252 76 3724 5160 5403 5491 5645 6213 6260 76 3726 5183 5437 5506 5651 6214 6306 85 5020 5188 5443 5507 5703 6216 6319 95 5022 5190 5445 5508 5705 6217 6325 95 5037 5213 5462 5535 6003 6229 6400 5040 5215 5472 5537 6005 6233 7538 We also wish to retain our same overall 1 to the rate, and then the overall 1.05 wo Casualty Company of Illinois.	of 1.05 to the class codes indicated below 601 605 611 612 613 855 227 534 554 .05 deviation. In summary, for the above	INSURANCER ECEIVED OCT 2 6 2007 1 2008 DIVISION OF INSURANCE SPRINGFIELD class codes, the 1.05 would be applied
*Adjusted to reflect all prior rate changes. **Change in Company's premium level wh	General C	es. Casualty Company of Illinois Name of Company dahl-Systems Support Specialist Official Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate le	vel produced by rate revision ef	fective	1/1/08	
(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(1) 1 (1) (1) (1) (1) (1) (1) (1) (1) (1	S/IDFPR ercer Change (+	
Automobile Liability Private Passenger Commercial			7 2008	
 Automobile Physical Damage Private Passenger Commercial _ 	i	Si i gi Wil	Ď, ILLINOIS	
3. Liability Other Than Auto	11			
Burglary and Theft				
5. Glass		<u> </u>		
6. Fidelity				
7. Surety				
8. Boiler and Machinery				
9. Fire				
10. Extended Coverage 11. Inland Marine				
12. Homeowners	·			
13. Commercial Multi-Peril				
14. Crop Hail			<u>, </u>	
15. Other Workers' Compensation	13,078,009		3.829	%
Does filing only apply to certain territory (t	_			
*Adjusted to reflect all prior rate changes. **Change in Company's premium level wh		of new rates.		
	<u>G</u>	eneral Casualty (Company of Wisc of Company	onsin
		t value :	or company	
	Daw	n Underdahl - Sy	stems Support S	pecialist
		Offic	cial – Title	
		DIVISION OF STATE OF ILL	OCT 2 ICFPF DIVISION O SPRIN NSURANCE NOIS/IDFPR	6 2007 G (MPC) F INSURANCE IGFIELD
		JAN 0 I SPRINGFIELD, I	2000 I	

SUMMARY SHEET

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IDFPR (MPC) DIVISION OF INSURANCE SPRINGFIELD

Change in Company's premiur revision effective 02/01/2	m or rate level produced	by rate DIVISION OF INSURA SPRINGFIELD
(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois)*	Change (+ or -) **
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft		
5. Glass		
6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire		
10. Extended Coverage		
11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril		
14. Crop Hail 15. Other Workers Compensation	583,688	4.4%
Does filing only apply to certain If so, specify: Brief description of filing. (If organization, specify organization	filing follows rates of n): With this filing we revision as set fort 2007-08.	an advisory are adopting the rate th in NCCI Circular IL-
* Adjusted to reflect all prior r ** Change in Company's premium lev result from application of new	rate changes. vel which will rates. FEB	
	George T. Dodd, Vice Pre	
	Official - Ti	.tle

ILLINOIS SUMMARY SHEET FORM RF-3

ha	inge in Company's premium or rate level produc	ced by rate revision effective	January 1, 2008
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
	Automobile Liability		
	Private Passenger		
	Commercial		
	Automobile Physical Damage		
	Private Passenger		
	Commercial		
	Liability Other than Auto		
	Burglary and Theft		
	Glass		
	Fidelity		
	Surety		
	Boiler and Machinery		
	Fire		
).	Extended Coverage		
	Inland Marine		
_	Homeowners		
	Commercial Multi-Peril		
.	Crop Hail		
j.	Workers Compensation	5,932,325	-2.8%
).	Other		
	Line of Insurance		
rie	es filing only apply to certain territory (territories) of description of filing (if filing follows rates of an ently approved deviation of 1.050 to be used effe	advisory organization, specify organization	
or	oved in NCCI Circular IL-2007-08.		
_	Adjusted to reflect all prior rate changes.		<u> </u>
	•	U	
*	change in Company's premium level which wi	il result from application of new rates.	
		Great West Casualt	
		Name of Com	pany
	San Ships	Janice L. Hohenstein, A	ctuarial Analyst
	Spiling Ton Constitution of the Constitution o	Official - Ti	

Form (RF-3)

Change in Company's premium or rate level produced by rate revision effective: 1/1/08

	(1)	(2)	(3)
	<u>Coverage</u>	Annual Premium Volume (Illinois)*	Percent <u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
١.	Burglary & Theft		
5.	Glass		
3 .	Fidelity		
	Surety		
	Boiler & Machinery		
	Fire		
0.	Extended Coverage		
1.	Inland Marine		DIVISION OF INSURANCE
2.	Homeowners		STATE OF ILLINOIS/IDEPR
3.	Commercial Multi-Peril		JAN 0 I 2008
4.	Crop Hail		SULL OF VIIIN
5.	Worker's Compensation	\$729,699.00	SPRINGHELD, ILLINOIS
16.	Other:	<u></u>	
	Line of Insurance ing only apply to certain territory (pecify:	territories) or certain classes? <u>N</u> e	2

ues that were filed and approved to be effective that date.

IMT Insurance Company (Mutual) Name of Company

Jason Thompson, BA, MA Filing Analyst, Research & Development Official - Title

^{*}Adjusted to reflect all prior rate changes.

^{**}Change in Company's premium level which will result from application of new rates.

OCT 2 2 2007

ILLINOIS IDFPR (MPC)

DIVISION OF INSURANCE

SPRINGFIELD

ILLINOIS SUMMARY SHEET FORM RF-3

Chang	ge in Company's premium or rate level produced b	(2)	01/01/2008 (3)
	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other than Auto		
4.	Burglary and Theft DIVISION OF THE ANG	E	
5.			
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery JAN C 1 2008		
9.	Fire	 	
10.	Extended Coverage Inland Marine SPALIGHTED, ILLING	ois 	
11.		, <u></u>	
12.	Homeowners		
13.	Commercial Multi-Peril		-
14.	Crop Hail	15 976 652	+3.5%
15.	Workers Compensation	<u>15,876,653</u>	T3.370
16.	Other:		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing (if filing follows rates of any advisory organization, specify organization). Midwest Insurance Company is adopting the NCCI advisory rates effective January 1, 2008 with 10% downward deviations for class codes 2003, 3145, 3400, 3632, 8001, 8006, 8010, 8017, 8018, 8021, 8033, 8046, 8832, 9052, 9058, 9060, 9082, 9083, 9586. A schedule is attached.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Midwest Insurance Company
Name of Company

Larry E. Hochstetler-VP Planning
Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level	produced by rate revision effective	January 1, 2008
(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private Passenger Commercial		
Automobile Physical Damage		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail	7.647.444	0.3%
15. Other Workers' Compensation Line of Insurance	7,647,111	0.376
Does filing only apply to certain territory (terr	itories) or certain classes? If so, specify	
Brief description of filing. (If filing follows ra Costs and revising Company LCM's	ates of an advisory organization, specif	
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which		
		ikee Casualty Ins. Co. Name of Company
	Jon Zetlau- Bure	au/Forms Compliance Manager
		Official - Title
DIVISION		RECEIVED

SPRINCFIELD, ILLINOIS

OCT 2 5 2007

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIE (1)

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate le	evel produced by rate revision eff	ective January 1, 2008
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)</u> *	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial		
Liability Other Than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation	793,436	-2.9%
Line of Insurance		
		so, specify:
	which will result from application of the second se	Milwaukee Insurance Co. Name of Company Zetlau- Bureau/Forms Compliance Manager Official – Title
S.P.Hi.	(G. 1212), 111/1/218	RECEIVED

OCT 2 5 2007

IDEPR (MPC)
DIVISION OF INSURANCE
SPRINGERIO

OCT 2 6 2007

IDFPR (MPC) DIVISION OF INSURANCE SPRINGFIELD

Illinois

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revi	sion effective:	3/1/08
(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Perispringfield, Illinois 14. Crop Hail 15. Workers Compensation 16. Other:		3.2%
Does filing only apply to certain territory (territories) or certain cl	asses? If so, specify.	Not Applicable
Brief description of filing (if filing follows rates of an advisory or We are adopting the 1/1/2008 NCCI IL voluntary rates with 3/1/2008. * In-force Written Premium ** Change in Company's premium level which will result from	n an effective date of	
	National Fire Insurance Name of the Amanda Castello -	

Illinois

OCT 2 3 2007

IDFPR (MPC) Division of Insurance Springfield

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level production	fluced by rate revision effective01/01	/2008
(1)	(2)	(3) /
Coverage	Annual Premium Volume (Illinois)*	Percent 0 Change (+ or –)**
Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage	1 - 1 - 1	" S
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		-
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$643,123	+1.6%
16. Other		
Line of Insurance		
Does filing only apply to certain territory (territorie	es) or certain classes? If so, specify	
No		
Brief description of filing (if filing follows rates of a	an advisory organization, specify organiza	ation)
Adoption of NCCI Workers Compensation Loss Cost R	eference Filing Number IL-2007-08, effective (01/01/2008.
	· · · · · · · · · · · · · · · · · · ·	

Adjusted to reflect all prior rate changes.

National Interstate Insurance Company
Name of Company

Kathy Juhasz, Regulatory Compliance Spec.
Official — Title

^{**} Change in Company's premium level which will result from application of new rates.

Form (RF-3) ILLINOIS DEPARTMENT OF INSURANCE **SUMMARY SHEET**

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability Private		
^	Passenger Commercial		
2.	Automobile Physical Damage		
2	Private Passenger Commercial		
3.	Liability Other Than Auto		
4. 5.	Burglary and Theft Glass		
6. 7.	Fidelity		
7. 8.	Surety		
o. 9.	Boiler and Machinery Fire		
	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
	Other Workers Compensation	2,636,436	-0.7%
	Line of Insurance	2,000,100	
	of description of filing. (If filing follows modifying LCM's	rates of an advisory organization, specify	organization): Adopting NCCI loss costs
*Ad **C	justed to reflect all prior rate changes hange in Company's premium level w	hich will result from application of new rat	res.
		Nationwide Agribusiness i	insurance Company
			Name of Company
			Official – Title
			DIVIDION ON STATE OF PLUT
			JAM 0 I 2000
			SPRINGRIELD, ILLINOIS

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
	, o z amo (1 - 2 - 2 mo)	
1. Automobile Liability Private Passenger		
Commercial	***	
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity	<u> </u>	
7. Surety 8. Boiler and Machinery		
8. Boiler and Machinery 9. Fire		
9. Fire O. Extended Coverage		
1. Inland Marine	· 	
2. Homeowners		
3. Commercial Multi-Peril		
4. Crop Hail		
5. Other Workers Compensation Line of Insurance	\$10,670,406	+1.6
	territory (territories)or	certain classes?
f so, specify: rief description of filing. (If	filing follows rates of a	n advisory 2007-05, Advisory Loss
f so, specify: rief description of filing. (If	filing follows rates of a n): Adoption of NCCI IL-2 Costs, Rates, Rating	n advisory 2007-05, Advisory Loss Values, and Retro
f so, specify: rief description of filing. (If	filing follows rates of a	n advisory 2007-05, Advisory Loss Values, and Retro
f so, specify: rief description of filing. (If	filing follows rates of a n): Adoption of NCCI IL-2 Costs, Rates, Rating	n advisory 2007-05, Advisory Loss Values, and Retro
oes filing only apply to certain f so, specify: Grief description of filing. (If organization, specify organization)	filing follows rates of a n): Adoption of NCCI IL-2 Costs, Rates, Rating	n advisory 2007-05, Advisory Loss Values, and Retro
f so, specify: rief description of filing. (If organization organization)	filing follows rates of a n): Adoption of NCCI IL-2 Costs, Rates, Rating Rating Plan Parameter	n advisory 2007-05, Advisory Loss Values, and Retro
f so, specify: rief description of filing. (If rganization, specify organization) * Adjusted to reflect all prior in	filing follows rates of a n): Adoption of NCCI IL-2 Costs, Rates, Rating Rating Plan Parameter cate changes.	n advisory 2007-05, Advisory Loss Values, and Retro
rief description of filing. (If rganization, specify organization * Adjusted to reflect all prior in the Change in Company's premium less	filing follows rates of a n): Adoption of NCCI IL-2 Costs, Rates, Rating Rating Plan Parameter rate changes. wel which will	n advisory 2007-05, Advisory Loss Values, and Retro s
rief description of filing. (If rganization specify organization)	filing follows rates of a n): Adoption of NCCI IL-2 Costs, Rates, Rating Rating Plan Parameter rate changes. wel which will	n advisory 2007-05, Advisory Loss Values, and Retro
rief description of filing. (If rganization, specify organization) * Adjusted to reflect all prior in the Change in Company's premium less	filing follows rates of a n): Adoption of NCCI IL-2 Costs, Rates, Rating Rating Plan Parameter rate changes. wel which will	n advisory 2007-05, Advisory Loss Values, and Retro s
rief description of filing. (If rganization, specify organization) * Adjusted to reflect all prior in the Change in Company's premium less result from application of new	filing follows rates of a n): Adoption of NCCI IL-2 Costs, Rates, Rating Rating Plan Parameter rate changes. Wel which will rates.	n advisory 2007-05, Advisory Loss Values, and Retro s
rief description of filing. (If rganization, specify organization) * Adjusted to reflect all prior in the Change in Company's premium less result from application of new	filing follows rates of a n): Adoption of NCCI IL-2 Costs, Rates, Rating Rating Plan Parameter cate changes. Wel which will rates. Id Republic General Insura	n advisory 2007-05, Advisory Loss Values, and Retro s DIVISION OF THE TAXABLE SENTEDE BLUE POLICIOSEPE JAN C. 711 nde Comporation
rief description of filing. (If rganization, specify organization) * Adjusted to reflect all prior in the Change in Company's premium less result from application of new	filing follows rates of a n): Adoption of NCCI IL-2 Costs, Rates, Rating Rating Plan Parameter rate changes. Wel which will rates.	n advisory 2007-05, Advisory Loss Values, and Retro s DIVISION OF THE TAXABLE SENTEDE BLUE POLICIOSEPE JAN C. 711 nde Comporation
rief description of filing. (If rganization, specify organization) Adjusted to reflect all prior of the Change in Company's premium less result from application of new	filing follows rates of a n): Adoption of NCCI IL-2 Costs, Rates, Rating Rating Plan Parameter cate changes. Wel which will rates. Id Republic General Insura	n advisory 2007-05, Advisory Loss Values, and Retro s DIVISION OF THE PROPRIETE SENTED FOR PURPOSE JAN C. 7.1
rief description of filing. (If rganization, specify organization) * Adjusted to reflect all prior in the Change in Company's premium less result from application of new	filing follows rates of a n): Adoption of NCCI IL-2 Costs, Rates, Rating Rating Plan Parameter rate changes. vel which will rates. Id Republic General Insura Name of Compar	n advisory 2007-05, Advisory Loss Values, and Retro s DIVISION ON THE PROPRIETE SINGLE PLESCEPTION 1/AN C. 7.1. nde Comporation
rief description of filing. (If rganization, specify organization * Adjusted to reflect all prior in the change in Company's premium less result from application of new	filing follows rates of a n): Adoption of NCCI IL-2 Costs, Rates, Rating Rating Plan Parameter cate changes. Wel which will rates. Id Republic General Insura	n advisory 2007-05, Advisory Loss Values, and Retro s DIVISION OF HISTORIANCE SINTE OF HISTORIANCE AND A TOTAL OF HISTORIANCE President, Compliance

H29219D

Form (RF-3) JAN C 1 7008	SUMMARY SHEET	OCT 18 2007 IDFPR (MPC) DIVISION OF INSURAN SPRINGFIELD
Coverage	n or rate level produced los, 2008 (2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto 4. Burglary and Theft		
5. Glass 6. Fidelity		<u></u>
7. Surety 8. Boiler and Machinery 9. Fire		
10. Extended Coverage 11. Inland Marine 12. Homeowners		
13. Commercial Multi-Peril 14. Crop Hail	lead to the second seco	
15. Other Workers Compensation Line of Insurance	\$10,670,406	+1.6
Does filing only apply to certain If so, specify: All Workers Compe	territory (territories)or ensation Classes	certain classes?

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of NCCI IL-2007-05, Advisory Loss Costs, Rates, Rateing Values, and Retro Rating Plan Parameters

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

 ld Rep	public	Ins	surance	Company
	Name	of	Company	

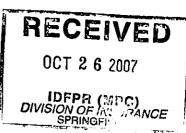
Deborah J. Matthews - Assistant Vice President Compliance Official - Title

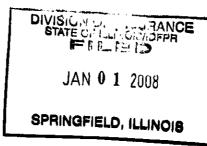
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ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level	produced by rate revision effective	1/1/08
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
Automobile Physical Damage		
Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail	0.040.200	4 EC0/
15. Other Workers' Compensation Line of Insurance	8,618,396	4.56%
Does filing only apply to certain territory (terribries of the certain territory (terribries of terribries of the certain territory (terribries of the certain terribries		
1/1/00 Tates.		
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which	will result from application of new rates.	
	Regent	Insurance Company
		ame of Company
	Dawn Underdah	I - System Support Specialist
		Official – Title





OCT 2 9 2007

Form (RF-3)

SUMMARY SHEET

IDFPR (MPC) DIVISION OF INSURANCE SPRINGFIELD

Change in Company's premium revision effective 02/01/2	n or rate level pro	oduced by rate	e e
(1)	(2) Annual Premium	(3) Percent	
Coverage	Volume (Illinois	<u>Change (+ or -)**</u>	
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril			
14. Crop Hail 15. Other Workers Compensation	46,	,502 3.3%	-
Does filing only apply to certain If so, specify: Brief description of filing. (If organization	filing follows rat		-
* Adjusted to reflect all prior r ** Change in Company's premium lev result from application of new	el which will rates. Republic-Franklin	FEB 0 1 2008 SPRINGFIELD, ILLINOIS Insurance Company F Company	_
		ce President/Actuary l - Title	_

OCT 2 6 2007

IDFPR (MPC) DIVISION OF INSURANCE SPRINGFIELD Illinois

ILLINOIS SUMMARY SHEET

FORM RF-3

nge ir	n Company's premium or rate le	evel produced by rate revision	on effective:	3/1/08
	(I) Coverage		(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
_				
1.	Automobile Liability Private Passenger Commercial			
2.	Automobile Physical Damag Private Passenger Commercial	e		
3.	Liability Other than Auto			
4.	Burglary and Theft			
5.	Glass			
6.	Fidelity			
1.	Surety			
٠.	Boiler and Machinery			
	Fire D	IVISION OF INSURANCE STATE OF ILLE D	YE	
	Extended Coverage	STATE OF ILLINOIS/IDFPR		
	Inland Marine	FILED		
	Homeowners	MAD A soco		
	Commercial Multi-Peril	MAR 0 1 2008		
	Crop Hail			
5.	Workers Compensation	PRINGFIELD, ILLINOIS	4,064,966	3.1%
· .	Other:	THINGS ILLD, ILLINOIS		
filir	ng only apply to certain territor	y (territories) or certain class	ses? If so, specify.	Not Applicable
$\underline{\mathbf{W}}$	cription of filing (if filing follo e are adopting the 1/1/2008 NC 1/2008.	ows rates of an advisory orga CCI IL voluntary rates with a	nization, specify organization). n effective date of	
	force Written Premium lange in Company's premium le	evel which will result from a	pplication of new rates.	
			Transportation 1	Insurance Company
				of Company
				o - Actuarial Analyst
			Offic	ial - Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level p	produced by rate revision effective	January 1, 2008
(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
4 December of The A		
- 0,		
e Cidalia.		
7 0 0 0 0 1		
O Cino		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
14. Crop Hail	0.5.004	4.00/
15. Other Workers' Compensation	215,634	
Brief description of filing. (If filing follows ra Costs and revising Company LCM's	tes of an advisory organization, speci	
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which		
		ty Universal Ins. Co.
		Name of Company
	Jon Zetlau- Bure	eau/Forms Compliance Manager Official – Title
		RECEIVED
	DIVIDUAL OF THE STAND OF THE ST	OCT 2 5 2007 IDFPR (MPC) DIVISION OF INSURANCE SPRINGFIELD
	IAN 0 % 2008	EPRINGFIEL!

ILLINOIS SUMMARY SHEET

FORM RF-3

	d by rate revision effectiveJanuary 1, 2008
(1) Coverage	(2) (3) Annual Premium Percent Volume (Illinois)* Change (+ or –)**
1. Automobile Liability	Volunte (minolo)
Private Passenger	
Commercial	
2. Automobile Physical Damage	
Private Passenger	
Commercial	
3. Liability Other than Auto	
4. Burglary and Theft	
5. Glass	
6. Fidelity	
7. Surety	<u> </u>
8. Boiler and Machinery	
9. Fire	
10. Extended Coverage	
11. Inland Marine	
12. Homeowners	
13. Commercial Multi-Peril	
14. Crop Hail	
15. Workers Compensation	\$ 117,377 -20%
16. Other	
Line of Insurance	
Filing applies to all standard classes Brief description of filing (if filing follows rates of an ad	dvisory organization, specify organization)
Adoption of NCCI's new rates by using our approved deviation	ion of -10%.
* Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will res	esult from application of new rates. Ullico Casualty Company
	Name of Company

DIVISION OF INDURANCE

Form (FF-3) F

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SUMMARY SHEET

Chaseling | Linos premium or rate level produced by rate revision effective 02/01/2008

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OCT 2 9 2007

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

(1)	(2)	(3)
0	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
Coverage	volume (IIIIIoIs) "	change (+ or /
1. Automobile Liability		
Private Passenger		
Commercial		
Automobile Physical Damage		
Private Passenger		
Commercial	····	
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
 Extended Coverage 		
11. Inland Marine		
12. Homeowners	-	
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	3,706,513	4.1%
Line of Insurance		
Does filing only apply to certain If so, specify:		certain classes?
Brief description of filing. (If organization	filing follows rates of and): With this filing we are revision as set forth 2007-08.	re adopting the rate
* Adjusted to reflect all prior r ** Change in Company's premium lev result from application of new	el which will	

Utica Mutual Insurance Company
Name of Company

George T. Dodd, Vice Presiden/Actuary
Official - Title

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OCT 2 6 2007

IDFPR (MPC) DIVISION OF INSURANCE SPRINGFIELD

Illinois

ILLINOIS SUMMARY SHEET

FORM RF-3

Change i	in Company's premium or rate level produced by rate rev	ision effective:	3/1/08
	(1)	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
	Coverage	volume (Illinois) *	Change (# or -)
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other than Auto		
4.	Burglary and Theft		
5.	Burglary and Theft Glass Fidelity Surety Boiler and Machinery	= +	
6.	Fidelity Fidelity OF INOIS/IDPF		
7.	Surety DIVITATE OF ILL		
8.	Boiler and Machinery Fire Extended Coverage MAR 0 1 2008		
9.	Fire 1.1000 1 2000		
10.	Extended Coverage NIAN		
11.	Inland Marine	1019	
12.	Extended Coverage Inland Marine Homeowners Commercial Multi-Peri		
13.	Commercial Multi-Peril SPRIII		
14.	Crop Hail		
15.	Workers Compensation	21,023,293	4.1%
16 .	Other:		
oes fili	ing only apply to certain territory (territories) or certain c	lasses? If so, specify.	Not Applicable
$\underline{\mathbf{W}}$	scription of filing (if filing follows rates of an advisory of the are adopting the 1/1/2008 NCCI IL voluntary rates with 1/2008.		
	n-force Written Premium hange in Company's premium level which will result from	n application of new rates.	
		Valley Forge In	ISUFANCE Company
		Valley Forge Insurance Company Name of Company	
		A 10 (1)	
			o - Actuarial Analyst
		Offici	ial - Title

OCT 2 5 2007

IDFPH (1990) Division of Insurance Springfield

Form (RF-3)

SUMMARY SHEET

	Change in Company's premium or rate le	vel produced by rate revision effective	January 1, 2008
	(1) DIV: IC. OF ILL N	SADEPH (2)	(3) Percent Change (+ or -)**
	Coverage JAN C 1	2008 Volume (Minois)*	Change (+ or -)
1.	Automobile Liability Private Passenger Commercial SPRINGFIELE		
2.	Automobile Physi cal Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass _		<u> </u>
6.	Fidelity _		<u> </u>
7.	Surety		
8.	Boiler and Machinery		
9.	Fire _		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13. 14.	Commercial Multi-Peril Crop Hail		
14.	Other Workers' Compensation	\$22,763,189	+4.3%
15.	Line of Insurance	\$22,703,103	1.570
Does N/A	filing only apply to certain territory (territ	ories) or certain classes? If so, specify:	
Ove	description of filing. (If filing follows rat	es of an advisory organization, specify o	rganization):
wes	tfield Insurance Company #228-24112		

- * Adjusted to reflect all prior rate changes.
- Change in Company's premium level which will result from application of new rates.

Westfield Insurance Co. Name of Company

Rhonda Roberts **Production Specialist** Product Management

Official - Title

OCT 2 5 2007

Form (RF-3) SUMMARY SHEET IDFPR (MPC) DIVISION OF INSURANCE SPRINGFIELD

	Change in Company's premium or rate	e level produced by rate revision effective	January 1, 2008
	(1)	(2) L. ON OF I Annual Premium C. FOFILLI Volume (Illinois)*	NSUb Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial	JAN 0 1	2008
2.	Automobile Physical Damage Private Passenger Commercial	SPEL GFIELD.	ILLINOI:
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	\$1,864,114	+3.8%
	Line of Insurance		
Does f	filing only apply to certain territory (ter	ritories) or certain classes? If so, specify:	
Over West	all premium level change +3.8% and a field National Insurance Company #22		
* Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will			

Westfield National Insurance Co.

Name of Company

Rhonda Roberts Production Specialist Product Management

Official - Title

result from application of new rates.